

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/049533

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT												
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.			
1	1						51										
2		1					52										
3		2		1			53										
4		1					54										
5	1						55										
6		1					56										
7		2		1			57										
8		2		1			58										
9		1					59										
10		1					60										
11	1						61										
12		1					62										
13		2		1			63										
14		1					64										
15							65										
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46							96										
47							97										
48							98										
49							99										
50							100										
TOTAL IND.			2				TOTAL IND.										
TOTAL DEP.			11				TOTAL DEP.										
TOTAL CLAIMS			14				TOTAL CLAIMS										